

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Marissa G.	CHAPTER 100.1
Address: 45-220 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: March 12, 2020

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #7 & #8, no evidence of a physical examination. However, services provided from 5/16/19 – 5/30/19.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #7 & #8, no evidence of a physical examination. However, services provided from 5/16/19 – 5/30/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-Evidence of physical Examination for SCG will be kept on file in a separate binder for 12 mos. available for next year review</p>	<p>3/12/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #7 & #8, no evidence of an initial tuberculosis clearance. However, services provided from 5/16/19 – 5/30/19.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #7 & #8, no evidence of an initial tuberculosis clearance. However, services provided from 5/16/19 – 5/30/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Evidence of an initial tuberculosis clearance will be kept on file in a separate binder for 12 mos available for next year review.</p>	<p>3/12/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #7 & #8, no evidence of a first aid certificate. However, services provided from 5/16/19 – 5/30/19.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #7 & #8, no evidence of a first aid certificate. However, services provided from 5/16/19 – 5/30/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Evidence of a first Aid Certificate for SCG will be kept on file in a separate binder available for next year review.</p>	<p>3/12/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No evidence of training by the primary cre giver to make prescribed medications available to residents and properly record such action for vacation leave SCGs and the current SCGs #1, 2, 3, 4.</p> <p>Please provide evidence of training with the plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Training is completed by PCG to SCG # 1, 2, 3, 4</p> <p>- Copy of evidence training is filed in Care Home Binder for review.</p>	<p>3/13/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No evidence of training by the primary care giver to make prescribed medications available to residents and properly record such action for vacation leave SCGs and the current SCGs #1, 2, 3, 4.</p> <p>Please provide evidence of training with the plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Vac. leave : SCG - Evidence of training will be kept on file in a separate binder for 12 months available for next year review.</p> <p>Current Sub. #1, 2, 3, 4 . * Checklist box will be checked off as soon as training is done.</p>	<p>3/12/2020</p> <p>3/12/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #7 & #8, no evidence of cardiopulmonary resuscitation certification. However, services provided 5/16/19 – 5/30/19.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #7 & #8, no evidence of cardiopulmonary resuscitation certification. However, services provided 5/16/19 – 5/30/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>-Evidence of Cardiopulmonary resuscitation certification will be kept on file in a separate binder available for next year review.</i></p>	<p><i>3/12/2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, inventory incomplete. Personal possessions not listed on the inventory include, hearing aid, dentures and light machine.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Inventory list is completed</p>	<p>3/12/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, inventory incomplete. Personal possessions not listed on the inventory include, hearing aid, dentures and light machine.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Checklist box will be checked off after completing inventory list.</p>	<p>3/12/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Unsecured medication for a household member stored in the resident refrigerator. Lock available; however, not engaged.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Medication is secured. Lock is engaged.</p>	<p>3/12/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Unsecured medication for a household member stored in the resident refrigerator. Lock available; however, not engaged.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>SCG & members of the family are educated to always make sure lock is engaged.</i></p>	<p><i>3/12/2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>INDINGS</u> Resident #1, no evidence of segregation for internal and external medication. "Triamcinolone Acetonide Cream 0.025%" stored alongside oral medications.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I separated internal & external medication right away.</p> <ul style="list-style-type: none"> - external medication is placed in a ziplock bag. - internal medications in an open box. 	<p>3/12/2020</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, admitted 6/20/19 and readmitted 10/28/19. However, no evidence of a primary care giver admission assessment upon admission or readmission.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, admitted 6/20/19 and readmitted 10/28/19. However, no evidence of a primary care giver admission assessment upon admission or readmission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will check off the checklist as soon as admission assessment is completed on the day of admission</p>	<p>3/12/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p>FINDINGS Resident #1, no evidence of policy and admission agreement for expanded services.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- I discussed the policy + admission agreement for expanded services w/ POA</p> <p>- A copy was sent to POA She will send the signed copy to PCG & will be filed in chart.</p>	<p>3/13/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1, no evidence of policy and admission agreement for expanded services.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>- checklist will be checked off and file in chart.</i></p>	<p><i>3/16/2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-85 <u>Transfer and discharge of expanded ARCH residents.</u> (b) If the licensee requests transfer of the expanded ARCH resident, a written request stating the reason for the transfer shall first be made to the resident, resident's family or surrogate, resident's case manager and physician or APRN no less than thirty days prior to the desired date of transfer.</p> <p><u>FINDINGS</u> Discharged Resident #1, no evidence of written notice stating the reason for the transfer to another care home.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Marissa G. Pascual

Print Name: MARISSA G. PASCUAL, R.N.

Date: 3/20/2020